

Anthony Turner
 Name and Prisoner/Booking Number
4121 N 33rd Drive Apt #8
 Place of Confinement
Phoenix AZ 85017
 Mailing Address
331-235-6072
 City, State, Zip Code

<input checked="" type="checkbox"/> FILED	<input type="checkbox"/> LODGED
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FEB 13 2023	
CLERK U S DISTRICT COURT DISTRICT OF ARIZONA	
BY <u>[Signature]</u>	DEPUTY

(Failure to notify the Court of your change of address may result in dismissal of this action.)

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ARIZONA**

Turner, Anthony
(Full Name of Plaintiff)

Plaintiff,

v.

(1) Phoenix Police Department
 (Full Name of Defendant)
 (2) Judge, J E Leonard
 (3) Room J 1
 (4) T.T. B. [Signature]
 Defendant(s). X 150

☐ Check if there are additional Defendants and attach page 1-A listing them.

CASE NO. CV-23-273-PHX-GMS (JFM)

(To be supplied by the Clerk)

**CIVIL RIGHTS COMPLAINT
BY A PRISONER**

- ☐ Original Complaint
☐ First Amended Complaint
☐ Second Amended Complaint

A. JURISDICTION

1. This Court has jurisdiction over this action pursuant to:

- ☒ 28 U.S.C. § 1343(a); 42 U.S.C. § 1983
☒ 28 U.S.C. § 1331; *Bivens v. Six Unknown Federal Narcotics Agents*, 403 U.S. 388 (1971).
☐ Other: _____

2. Institution/city where violation occurred: Phoenix AZ

B. DEFENDANTS

1. Name of first Defendant: Phoenix Police Department. The first Defendant is employed as: Officer at Phoenix Police Department.
(Position and Title) (Institution)
2. Name of second Defendant: Judge J. E. Leonard. The second Defendant is employed as: _____ at _____.
(Position and Title) (Institution)
3. Name of third Defendant: everyone. The third Defendant is employed as: _____ at ho'side by road witch.
(Position and Title) (Institution)
4. Name of fourth Defendant: None. The fourth Defendant is employed as: _____ at _____.
(Position and Title) (Institution)

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

C. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? ☐ Yes ☒ No
2. If yes, how many lawsuits have you filed? None. Describe the previous lawsuits:
- a. First prior lawsuit:
1. Parties: open v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) open
- b. Second prior lawsuit:
1. Parties: None v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____
- c. Third prior lawsuit:
1. Parties: None v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

D. CAUSE OF ACTION**COUNT I**

1. State the constitutional or other federal civil right that was violated: ALL

2. **Count I.** Identify the issue involved. Check **only one**. State additional issues in separate counts.

- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input checked="" type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____ | |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Count I. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

OPEN

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

OPEN

5. **Administrative Remedies:**

- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? *N/A* ☐ Yes ☒ No
- b. Did you submit a request for administrative relief on Count I? ☐ Yes ☒ No
- c. Did you appeal your request for relief on Count I to the highest level? ☐ Yes ☒ No
- d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. *OPEN*

COUNT II

1. State the constitutional or other federal civil right that was violated: A //

2. **Count II.** Identify the issue involved. Check **only one**. State additional issues in separate counts.

- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input checked="" type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____ | |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Count II. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

DP & N

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

DP & N

5. **Administrative Remedies.**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? *N/A* ☐ Yes ☐ No
- Did you submit a request for administrative relief on Count II? ☐ Yes ☒ No
- Did you appeal your request for relief on Count II to the highest level? ☐ Yes ☒ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

COUNT III

1. State the constitutional or other federal civil right that was violated: A //

2. **Count III.** Identify the issue involved. Check **only one**. State additional issues in separate counts.

☐ Basic necessities

☐ Mail

☐ Access to the court

☐ Medical care

☐ Disciplinary proceedings

☐ Property

☐ Exercise of religion

☐ Retaliation

☒ Excessive force by an officer

☐ Threat to safety

☐ Other: _____

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Count III. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

Open

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

Open

5. **Administrative Remedies.**

a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☐ Yes ☒ No

b. Did you submit a request for administrative relief on Count III? ☐ Yes ☒ No

c. Did you appeal your request for relief on Count III to the highest level? ☐ Yes ☒ No

d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

If you assert more than three Counts, answer the questions listed above for each additional Count on a separate page.

E. REQUEST FOR RELIEF

State the relief you are seeking:

Money \$ 1,000,000

1 Trillion 06600

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 2/13/23
DATE


SIGNATURE OF PLAINTIFF

NONE
(Name and title of paralegal, legal assistant, or other person who helped prepare this complaint)

NONE
(Signature of attorney, if any)

NONE
(Attorney's address & telephone number)

ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If you need more space, you may attach no more than fifteen additional pages. But the form must be completely filled in to the extent applicable. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages.